U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	LY BEFORE PREPARING THIS REPORT.	
E (AUG112005)		
L _M		
1. File Number U , 599	2. Fiscal Year Covered From:	
	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Will Paul	Name IBEW	
	Labor Organization File Number 000-116	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 900 Seventh Street, NW	Street 900 Seventh Street, NW	
City Washington	City Washington	
State District of Columbia ZIP Code + 4 20001	State District of Columbia ZIP Code + 4 20001	
5. Position in labor organization. International Representative		
Commission de la commis		
Enter appropriate data below If, during the past fiscal year, you or your spot (except as specified in the exclu	ise or minor child directly or indirectly had any of the following interests sions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	7.b. Amount.	
City		
State ZIP Code + 4	vers menero un entre internation de la companya del companya del companya de la companya del la companya de la	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On 8-8-05 Date

Telephone Number

Name of Person Filing Will Paul	File Number U -	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or incomplete with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or irectly to or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Palm Springs Riviera Resort and Raquet Club	🗶 a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street City Palm Springs		
State California ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Bottled Water	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	\$30
	i i i i i i i i i i i i i i i i i i i	Lancate Anna Control C
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	12.a. Nature of interest held or income received.	
	12.a. Nature of interest held or income received. 12.b. Amount.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	12.b. Amount.	
State ZIP Code + 4 C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	12.b. Amount. r parts A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount. r parts A and B above) or other thing of value.	
State ZIP Code + 4 C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	12.b. Amount. r parts A and B above) or other thing of value.	
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C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	12.b. Amount. r parts A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	12.b. Amount. r parts A and B above) or other thing of value.	

Name of	Person	Filina	147÷11	Daul

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

	T.	w
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Palm Springs Riviera Resort and Raquet Club	ATTENDED.	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street	c. Employer	
City Palm Springs		
State California ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Wine/Cheese/Fruit Basket	
Trade Name, if any:		A CONTRACTOR OF THE CONTRACTOR
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
		TERROGENSIAN AND TRANSPORT PROSTANCIA SERVICE AND
	12.b. Amount.	

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Part B Continuation Page

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	T	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Mosaic	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 4801 Viewpoint Place	c. Employer	
City Cheverly		
State Maryland ZIP Code + 4 20781		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Lunch	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$28
	12.a. Nature of interest held or income received.	SMATERION OF THE PROPERTY OF T
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	12.b. Amount.	
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